| | ☑ REPORT OF LOBBYIST | T EMPLOYER | 2 | |
|--|--|---------------|--|--------------------------------------|
| | (Government Code Sec | tion 86116) | | 1/6 |
| | or | | | 1 |
| | REPORT OF LOBBYING (2 Cal. Code of Regs. Sec | | N | |
| EODM 625 | (2 Gai. Gode of Negs. Get | 10010.4) | | |
| FORM 635 1993 | IMPORTANT: Lobbying Coali completed Form 635-C to | | ch a | |
| R | EPORT COVERS PERIOD FROM 04/01/200 | 9 THROUGH | 06/30/2009 | FOR OFFICIAL USE ONLY |
| C | UMULATIVE PERIOD BEGINNING | 01/01/2009 | | A |
| | TYPE OR PRINT I e provided to you pursuant to the Information Practic ure Provisions of the Political Reform Act. | | Information_ | В |
| NAME OF FILER: | | | | |
| UNITED AUBURN INDIA | N COMMUNITY | | | |
| BUSINESS ADDRESS: (Numbe | r and Street) (City) | (State) | (Zip Code) | TELEPHONE NUMBER: |
| | SACRAMEI | NTO CA | 95814 | |
| PART I - LEGISLATIVE (See instructions on reverse. | OR STATE AGENCY ADMINISTRATIVE ACT | IONS ACTIVELY | LOBBIED DURING | THE PERIOD |
| X If more space is needed, | check box and attach continuation sheets. SUMMARY OF PAYM | MENTS THIS PE | RIOD | |
| A. Total Payments to In-l | House Employee Lobbyists (Part III, Section A, Colu | mn 1) | \$ | 0.00 |
| B. Total Payments to Lob | obying Firms (Part III, Section B, Column 4) | | \$ | 7739.87 |
| C. Total Activity Expense | es (Part III, Section C) | | \$ | 0.00 |
| D. Total Other Payments | to Influence (Part III, Section D) | | \$ | 0.00 |
| GRAND TOT | AL (A + B + C + D above) | | \$ | 7739.87 |
| E. Total Payments in Co | nnection with PUC Activities (Part III, Section E) | | \$ | 0.00 |
| F. Campaign Contributio | ns: X Part IV completed and attached | ☐ No camp | aign contributions ma | ade this period |
| | VERIFICA | ATION | | |
| tion contained her | ssonable diligence in preparing this Report. I have ein and in the attached schedules is true and co- nalty of perjury under the laws of the State of Cali | mplete. | | |
| Executed on (Date) 07/21/2009 | At (City and State) Sacramento,CA | | By (Signature of Emp Howard Dickste | oloyer or Responsible Officer) İn |
| Name of Employer or Responsib Howard Dickstein | le Officer (Type or Print) | | Title Attorney for filer | |

| PART II - PARTNERS, OWNERS, AND EMPLORED (See instructions on reverse.) | OYEES WHOS | E "LOBBYIST RI | EPORTS" (FORM 615 |) ARE AT | TACHED TO | THIS | |
|--|----------------------------|--|--|----------|------------------------------------|------------------------------------|--|
| Name and Title | | Name and | d Title | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| If more space is needed, check box and attach continual | tion sheets. | | | | | | |
| PART III - PAYMENTS MADE IN CONNECTIO | N WITH LOBB | YING ACTIVITIE | s | | | | |
| A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.) | | | (1) Amount This Period | | (2) Cumulative Total To Date | | |
| (Column 1) on Line A of the Summary of Payments Section on page 1.) | | | \$ 0.00 | | \$ | 0.00 | |
| B. PAYMENTS TO LOBBYING FIRMS (Incl | uding Individual C | Contract Lobbyists) | | | • | | |
| Name and Address of Lobbying Firm/Independent Contractor | (1) Fees & Retainers | (2) Reimbursements of Expenses | (3) Advances or Other Payments (attach explanation | | (4) Total This Period | (5) Cumulative Total to Date | |
| Fred Hiestand APC Sacramento, CA 95814 | 7500.00 | 239.87 | 0.00 | | 7739.87 | 15361.54 | |
| Satiamenio CA 93614 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| If more space is needed, check box and attach continuation sheets | Also ente | THIS PERIOD (er the total of Colum y of Payments sect | nn 4 on Line B of the | \$ | 7739.8 | | |

PERIOD COVERED: 04/01/2009 06/30/2009

NAME OF FILER: UNITED AUBURN INDIAN COMMUNITY

| C. ACTI | VITY EXPENSES (See instructions on rever | se.) | | | | |
|---|--|---|----|---------------------------------|--------------------|------|
| Date | Name and Address of Payee | Name and Official Position of Reportable Persons and Amount Benefiting Each | | Description of Consideration | To Amo of Ac | |
| | | | \$ | | \$ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| If more space is needed, check box and attach continuation sheets. TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1. | | | | | \$ | 0.00 |
| D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION IN NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead. 1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.) \$ 0.00 | | | | | | |
| 2. OTHER PAYMENTS TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1. | | | | | \$ | 0.00 |
| E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.) | | | | | \$ | 0.00 |

| PERIOD COV | ERED: <u>04/01/2009</u> | 06/30/2009 | | |
|-------------------------|---|--|---|----------------------|
| NAME OF FIL | ER: <u>UNITED AUBURN INDIAN CON</u> | MUNITY | | |
| | | | | |
| made to or on | CAMPAIGN CONTRIBUTION behalf of <u>state</u> candidates, elected st officers must be reported in A or B be | ate officers and any of their controlle | monetary campaign contributions of ed committees, or committees suppo | |
| in a iden Name of | e contributions made by you durin campaign disclosure statement w tification number, if any, below. Major Donor or Recipient Commi d A Campaign Disclosure Statement suburn Indian Community | hich is on file with the Secretary ittee Which | | committee and its |
| | tributions of \$100 or more which he by an organization's sponsored | | | luding contributions |
| Date | Name o | of Recipient | I.D. Number if Committee | Amount |
| 06/04/2009 | Darrell Steinberg - Steinberg for | Senate 2010 | 1292824 | \$ 2500.00 |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| If mor | e space is needed, check box and attach c | continuation sheets. | | |

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM
640

5/6

| PERIOD COVERED: 04/01/200906/30/2009 | | | | | | | |
|---|---|---------|-------------------------------------|----|------|--|--|
| NAME OF FILER: UNITED AUBURN INDIAN COMMUNITY | | | | | | | |
| For Use By: A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment. | | | | | | | |
| Other I | Payments to Influence Legislative or Administrative Action: | | | | | | |
| Total payments for overhead expenses related to lobbying activity. Report as a lump sum | | | | \$ | 0.00 | | |
| Total payments to Lobbying Coalitions. Report as a lump sum. (Form 630 must be attached) | | | | \$ | 0.00 | | |
| Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). Report as a lump sum. | | | | \$ | 0.00 | | |
| 4. | Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below | | | | 0.00 | | |
| 5. | 5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645. | | | \$ | 0.00 | | |
| legislative session covered by the report. Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report. | | | | | | | |
| Name & Addices of Fayer | | | umulative Amount Since January 1 | | | | |
| | | \$ | \$ | | | | |
| | | \$ | \$ | | | | |
| | | \$ | \$ | | | | |
| | Subtotal of all payments itemized above | \$ 0.00 | | | | | |
| _ | f more space is needed, check box and attach continuation sheets. | | | | | | |

TEXT ANNOTATION

PAGE 1

Schedule F635 Reference No:

Attachment: The United Auburn Indian Community of California is a federally recognized Indian tribe and is protected by all relevant federal treaties, statutes and agreements. Accordingly, the Tribe provides this report as a courtesy to the State of California and to other local jurisdictions. The filing of this report shall in no way be construed as a waiver of the Tribe's sovereign immunity nor shall its filing subject the Tribe to the jurisdiction of any governmental entity other than as prescribed by federal law or agreement of the Tribe.